

**REMARKS**

This Reply filed in response to the Office Action mailed March 21, 2008, is believed to be fully responsive to each issue raised in the Action. Favorable reconsideration of the application is respectfully requested.

Claims 6 and 7 are all the claims pending in the application.

In the Amendment, claims 6 and 7 are amended in order to more clearly set forth the subject matter of the invention defined in the claims. Support for the amended claims 6 and 7 may be found by, for example the disclosure at page 2, line 7019 and page 3, lines 3-12, Examples 1-12 and Test Example 1 of the specification. No new matter is introduced and entry of the amendment is respectfully requested.

Applicants thank the Examiner for considering the amendments and arguments filed December 14, 2007 and withdrawing previous rejections under 35 U.S.C. §§ 112, second paragraph, 101, and 102(b) over Proport in view of the amendments and arguments.

**Response to Rejection under 35 U.S.C. § 102(b)**

In the Office Action, claims 6-7 stand rejected under 35 U.S.C. §102(b) as being anticipated by Stoner *et al.* (US Patent No. 6,403,640 B1) (“Stoner”) as evidenced by Stevermer (American family Physician, 2000) (“Stevermer”).

The Office asserts that Stoner discloses methods of treating chronic pelvic syndrome comprising the administration of a combination of a COX-2 inhibitor and an alpha-1a blocker such as tamsulosin (column 3, lines 55-59; claims 2 and 4).

The Office also relies on Stevermer to assert that it is known in the art that patients with chronic nonbacterial prostatitis/chronic pelvic pain syndrome (CNP/CPPS) have symptoms,

which are consistent with prostatitis, such as painful ejaculation or pain in the penis, testicles or scrotum, complaints of lower back pain, rectal or perineal pain, and often have irritative or obstructive urinary symptoms (page 3020, column 1, 1st full paragraph-column 2, paragraph continued).

Applicants respectfully traverse the rejection.

It is noted that Stoner discloses a use of the combination of COX-2 selective inhibitor and alpha-1 blocker for treating or preventing chronic pelvic pain syndrome. For example, Stoner discloses that "The COX-2 selective inhibitor may be administered in combination with an alpha blocker, especially an alpha-1a blocker, a 5-alpha reductase inhibitor, a prostate specific antigen conjugate, an antibiotic, in particular a carbapenem antibiotic, an anticholinergic agent, a second COX-2 selective inhibitor, a topical urinary analgesic and the like." Column 3, lines 45-48. Stoner further discloses that "For treating or preventing chronic pelvic pain syndrome ..., the COX-2 selective inhibitor may be given in combination with additional compounds such as: an alpha blocker, especially an alpha-1a blocker such as doxazosin, indoramin, prazosin, tamsulosin or terazosin; ... a 5-alpha reductase inhibitor, such as ...; a prostate specific antigen conjugate; an antibiotic, such as ...; anticholinergic agents, such as an analgesic, such as...."

Applicants respectfully submit that the currently amended claims 6 and 7 require the method consist essentially of administering tamsulosin or a salt thereof. Stoner fails to teach a method consisting essentially of administering tamsulosin or a salt thereof.

It is noted that Stoner reports "Currently, there are no established treatments for chronic prostatitis. Alpha blockers are sometimes prescribed, but their efficacy has not been established." Col. 1, lines 56-59. Stoner does not teach what type of alpha blockers were sometimes

prescribed. Furthermore, Stoner clearly indicates that efficacy of the prescribed alpha blockers had not been established.

Accordingly, it is believed that Stoner fails to teach each and every element of the currently presented claims 6 and 7, and the rejection cannot be sustained. Reconsideration of withdrawal of the rejections are respectfully requested.

### CONCLUSION

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,

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